

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different
than previously
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2006

through

05

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Benjamin Bank

Signature of Treasurer

Electronically Filed by Benjamin Bank

Date

06

19

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		535866.50
(b) Cash on Hand at Beginning of Reporting Period	469883.60	
(c) Total Receipts (from Line 19)	19360.95	180430.48
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	489244.55	716296.98
7. Total Disbursements (from Line 31)	47112.58	274165.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	442131.97	442131.97
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	17133.75	162252.50
(i) Itemized (use Schedule A)		
(ii) Unitemized	2166.25	17347.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	19300.00	179600.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	19300.00	179600.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	60.95	830.48
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19360.95	180430.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19360.95	180430.48

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1112.58	4300.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1112.58	4300.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	249500.00
24. Independent Expenditure (use Schedule E)	0.00	20000.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	365.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	365.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	47112.58	274165.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	47112.58	274165.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19300.00	179600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	365.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19300.00	179235.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1112.58	4300.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1112.58	4300.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Mark Alford Mailing Address 3113 Preston Hollow Road City Fort Worth State TX Zip Code 76109-2050 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 05 / 08 / 2006 Transaction ID: DNAPS2525511 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Robert Bullington Mailing Address 4400 N 32nd Street Suite 280 Biltmore Eye Physicians City Phoenix State AZ Zip Code 85018-3978 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 05 / 30 / 2006 Transaction ID: CMDH9V390620 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Carlos Buznego Mailing Address 8940 N Kendall Drive Suite 400E City Miami State FL Zip Code 33176-2175 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt MM / DD / YYYY 05 / 13 / 2006 Transaction ID: 44036-22877138853073 Amount of Each Receipt this Period 125.00 PAC 2nd of 4

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Antonio Capone Mailing Address 3535 W 13 Mile Road 632 William Beaumont Medical Build City State Zip Code Royal Oak MI 48073-6710 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 6 Transaction ID: 8KG11ZQO6BND5 Amount of Each Receipt this Period 500.00 PACWEB GENERATED CONTRIBU- TION
B. Full Name (Last, First, Middle Initial) Kristin Carter Mailing Address 5240 E Knight Drive Suite 104 City State Zip Code Tucson AZ 85712-2122 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6 Transaction ID: CMDH9V886088 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Frank Caserta Mailing Address 2600 S Rural Road City State Zip Code Tempe AZ 85282 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6 Transaction ID: CMDH9V663991 Amount of Each Receipt this Period 300.00 Batch Tool - PAC
SUBTOTAL of Receipts This Page (optional) ▶		1300.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Steven Chen			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 27294 N 73rd Street			Transaction ID: CMDH9V791993	
City State Zip Code Scottsdale AZ 85262-7613			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Gary Cowan			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address 1350 S Main Street Suite 3200			Transaction ID: 46094-16112917661667	
City State Zip Code Fort Worth TX 76104-7669			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			PAC 4th of 4	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) Mark Doubrava			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 9011 W Sahara Avenue Suite 101			Transaction ID: CMDH9V557154	
City State Zip Code Las Vegas NV 89117-4801			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) William Ehlers		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6
Mailing Address 125 Secret Lake Road		Transaction ID: 44036-50042361021042
City Avon	State CT	Zip Code 06001-3465
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	PAC 2nd of 4
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Ofer Eytan		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 2525 W Greenway Road Suite 120		Transaction ID: CMDH9V721425
City Phoenix	State AZ	Zip Code 85023-4280
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Gerald Ford		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 2600 S Rural Road		Transaction ID: CMDAKR568676
City Tempe	State AZ	Zip Code 85282-2448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Raul Franceschi		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 29 Calle Washington Suite 707		Transaction ID: 44036-82055300474167	
City San Juan	State PR	Zip Code 00907-1503	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Michael Gilbert		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 12301 Northeast 10th Place Suite 2		Transaction ID: 44036-59188479185104	
City Bellevue	State WA	Zip Code 98005-2487	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 750.00		
C. Full Name (Last, First, Middle Initial) Michael Green		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6	
Mailing Address 854 Lone Oak Drive		Transaction ID: 44036-35201662778854	
City Gallatin	State TN	Zip Code 37066-3694	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Grant Heinz		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 2250 W Southern Avenue Suite 102		Transaction ID: CMDH9V513475
City Mesa	State AZ	Zip Code 85202-4736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) G. Hendricks		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 6
Mailing Address 1201 Summit Avenue		Transaction ID: 8M8A39TDBBND0
City Fort Worth	State TX	Zip Code 76102-4413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 400.00	

PACWEB GENERATED CONTRIBU-
TION

C. Full Name (Last, First, Middle Initial) Emilio Justo		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 19052 N R H Johnson Boulevard		Transaction ID: CMDH9V952645
City Sun City West	State AZ	Zip Code 85375-4401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Kurt Jute Mailing Address 1603 Medical Dr. Suite D City State Zip Code Laurinburg NC 28352-5541 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>05 / 19 / 2006</div> Transaction ID: DNB7HF220725 Amount of Each Receipt this Period <div>500.00</div> Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Dennis Kilpatrick Mailing Address 7550 E 2nd Street City State Zip Code Scottsdale AZ 85251-4504 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>05 / 30 / 2006</div> Transaction ID: CMDH9V644884 Amount of Each Receipt this Period <div>500.00</div> Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Paul Lee Mailing Address PO Box 3802 City State Zip Code Durham NC 27702-3802 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>05 / 12 / 2006</div> Transaction ID: DNAWE3287665 Amount of Each Receipt this Period <div>135.00</div> Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Thomas Liesegang

Mailing Address 4500 San Pablo Rd. S

City State Zip Code
Jacksonville FL 32224-1865

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 6

Transaction ID: 41660-81309145689011

Amount of Each Receipt this Period

250.00

PAC

Full Name (Last, First, Middle Initial)

B. James Meador

Mailing Address 300 E Osborn Road Suite 203

City State Zip Code
Phoenix AZ 85012-2396

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: CMDH9V182930

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. Duane Mitzel

Mailing Address 9797 E Larkspur Drive

City State Zip Code
Scottsdale AZ 85260-4647

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: CMDH9V702766

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Thomas Moore		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 2001 Coolidge Road Lansing Ophth		Transaction ID: DNAPS2044713
City East Lansing	State MI	Zip Code 48823-1378
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) Sanford Moretsky		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 2125 W Indian School Road		Transaction ID: CMDH9V841896
City Phoenix	State AZ	Zip Code 85015-4908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Steven Mortenson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 831 Gail Gardner Way		Transaction ID: CMDH9V542878
City Prescott	State AZ	Zip Code 86305-1606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Mansoor Movaghar Mailing Address 305 N Blount St. Apt. A City Madison State WI Zip Code 53703-3956 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 6 Transaction ID: 44036-35561770200729 Amount of Each Receipt this Period 87.50 PAC 4th of 4
B. Full Name (Last, First, Middle Initial) Jerry Neuwirth Mailing Address 85 Seymour Street Suite 822 City Hartford State CT Zip Code 06106-5527 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6 Transaction ID: DNAFVD842446 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) David Parke Mailing Address 608 Stanton L Young Boulevard Dean A McGee Eye Inst City Oklahoma City State OK Zip Code 73104-5014 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 6 Transaction ID: 44036-30971926450729 Amount of Each Receipt this Period 250.00 PAC 3rd of 4
SUBTOTAL of Receipts This Page (optional) ▶		702.50
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Steven Perlmutter

Mailing Address 1530 W Glendale Avenue Suite 103

City State Zip Code
 Phoenix AZ 85021-8578

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: CMDH9V447395

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

George Reiss

Mailing Address 6677 W Thunderbird Road Suite F101

City State Zip Code
 Glendale AZ 85306-3723

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: CMDH9V512555

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Michael Ruddat

Mailing Address 85 Seymour Street Suite 822

City State Zip Code
 Hartford CT 06106-5527

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 2 / 2 0 0 6

Transaction ID: DNAFVD958638

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) David Shulman		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6
Mailing Address 999 E Basse Road Suite 127		Transaction ID: 44036-57001894712448
City San Antonio	State TX	Zip Code 78209-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

PAC 2nd of 4

B. Full Name (Last, First, Middle Initial) Jack Sipperley		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 1101 E Missouri Avenue		Transaction ID: CMDH9V216372
City Phoenix	State AZ	Zip Code 85014-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Marion Stoj		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 43 Woodland Street		Transaction ID: DNB7HF264284
City Hartford	State CT	Zip Code 06105-2363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Errol Sweet Mailing Address 2525 W Greenway Road City State Zip Code Phoenix AZ 85023-4226 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6 Transaction ID: CMDH9V527122 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Ira Udell Mailing Address 600 Northern Boulevard Suite 214 City State Zip Code Great Neck NY 11021-5200 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6 Transaction ID: DNBDXX624810 Amount of Each Receipt this Period 125.00 PAC 2nd of 4
C. Full Name (Last, First, Middle Initial) Aaron Weingeist Mailing Address 3934 S Americus Street City State Zip Code Seattle WA 98118-1640 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: 44036-12290591001510 Amount of Each Receipt this Period 125.00 PAC 2nd of 4

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Ruth Williams		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 2015 N Main Street Wheaton Eye Clinic		Transaction ID: DNBCDG268298
City Wheaton	State IL	Zip Code 60187-3152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 335.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 670.00	

Batch Tool - PAC 2nd of 3

B. Full Name (Last, First, Middle Initial) Curtis Winkler		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 2220 N Hunt Circle		Transaction ID: CMDH9V187831
City Mesa	State AZ	Zip Code 85203-2085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Kirk Winward		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 359 8th Avenue Suite 210		Transaction ID: DNBDYE480745
City Salt Lake City	State UT	Zip Code 84103-2895
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1065.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Richard Zak Mailing Address 1300 N Highland Avenue Suite 1 City Aurora State IL Zip Code 60506-1464 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6 Transaction ID: 46094-31818789243698 Amount of Each Receipt this Period 91.25 PAC 4th of 4
B. Full Name (Last, First, Middle Initial) Marco Zarbin Mailing Address 90 Bergen Street Suite 6100 Room 6 City Newark State NJ Zip Code 07103-2425 FEC ID number of contributing federal political committee. C Name of Employer UMDNJ Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Transaction ID: 8INKJR3F1BND2 Amount of Each Receipt this Period 500.00 PACWEB GENERATED CONTRIBU- TION
C. Full Name (Last, First, Middle Initial) Kent Zocchi Mailing Address 27 Montebello Road City Pueblo State CO Zip Code 81001-1236 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 2 / 2 0 0 6 Transaction ID: DNAWE3400866 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1591.25

TOTAL This Period (last page this line number only)

17133.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 31

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Union Bank		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 400 California Street		Transaction ID: 9695640606144259230	
City San Francisco	State CA	Zip Code 94104	Amount of Each Receipt this Period 60.95
FEC ID number of contributing federal political committee. C		MM interest 5/06	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.48		

SUBTOTAL of Receipts This Page (optional)

60.95

TOTAL This Period (last page this line number only)

60.95

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Union Bank

Mailing Address 400 California Street

City
San Francisco

State
CA

Zip Code
94104

Purpose of Disbursement
Bank charges 5/06

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1452580606144262614

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1112.58

SUBTOTAL of Disbursements This Page (optional)

1112.58

TOTAL This Period (last page this line number only)

1112.58

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Cap Pac

Mailing Address 38 Ivy Street Southeast

City Washington State DC Zip Code 20003

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 4277540605113817466

Date of Disbursement

05 / 11 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr Md for Congress Inc

Mailing Address Post Office Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
2006 General

Candidate Name
Boustany Charles

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: 8679710605113826364

Date of Disbursement

05 / 11 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Charlie Dent for Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
2006 General

Candidate Name
Dent Charles

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: 0068060605113868397

Date of Disbursement

05 / 11 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 31

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Chocola for Congress Inc

Mailing Address PO Box 6728

City
South Bend

State
IN

Zip Code
46660

Purpose of Disbursement
2006 General

Candidate Name
Chocola Chris

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 02

Transaction ID: 1826180605224816361

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cubin for Congress Inc

Mailing Address Post Office Box 4657
 PO Box 4657

City
Casper

State
WY

Zip Code
82604

Purpose of Disbursement
2006 General

Candidate Name
Cubin Barbara

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: WY District: 01

Transaction ID: 6878290605224901451

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dave Camp for Congress 2006

Mailing Address 5915 Eastman Avenue Suite 100

City
Midland

State
MI

Zip Code
48640

Purpose of Disbursement
2006 Primary

Candidate Name
Camp Dave

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: 2293090605036170619

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Earl Pomeroy for Congress

Mailing Address PO Box 9336

City
Fargo

State
ND

Zip Code
58106

Purpose of Disbursement
2006 General

Candidate Name
Pomeroy Earl

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: 8584810605224883760

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends of Mark Foley

Mailing Address 1316 Lake Victoria Drive

City
Lake Worth

State
FL

Zip Code
33461

Purpose of Disbursement
2006 Primary

Candidate Name
Foley Mark

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 2205090605224775136

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Max Burns

Mailing Address PO Box 1965

City
Sylvania

State
GA

Zip Code
30467

Purpose of Disbursement
2006 Primary

Candidate Name
Burns Max

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: 5517930605224794789

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Hulshof for Congress - District 09 Missouri

Mailing Address PO Box 1621

City Columbia State MO Zip Code 65205

Purpose of Disbursement
2006 General

Candidate Name
Hulshof Kenny

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 09

Transaction ID: 1112940605036203370

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Jeb Bradley for Congress

Mailing Address 645 South Main Street

City Wolfeboro State NH Zip Code 03894

Purpose of Disbursement
2006 Primary

Candidate Name
Bradley Joseph

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: 8735410605036158384

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Jerry Weller for Congress Inc.

Mailing Address PO Box 2368

City Joliet State IL Zip Code 60434

Purpose of Disbursement
2006 General

Candidate Name
Weller Gerald

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: 4848480605224810356

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Sullivan for Congress Inc

Mailing Address Post Office Box 470840

City
Tulsa

State
OK

Zip Code
74147

Purpose of Disbursement
2006 General

Candidate Name
Sullivan John

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OK District: 01

Transaction ID: 5298920605113856141

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Jon Kyl for U S Senate

Mailing Address PO Box 10246

City
Phoenix

State
AZ

Zip Code
85064

Purpose of Disbursement
2006 General

Candidate Name
Kyl Jon

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 00

Transaction ID: 8243840605224908678

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Jon Kyl for U S Senate

Mailing Address PO Box 10246

City
Phoenix

State
AZ

Zip Code
85064

Purpose of Disbursement
2006 General

Candidate Name
Kyl Jon

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 00

Transaction ID: 0810090605036217220

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kenny Marchant for Congress

Mailing Address PO Box 110187

City Carrollton State TX Zip Code 75011

Purpose of Disbursement
2006 General

Candidate Name
Marchant Kenny

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 24

Transaction ID: 1401720605036210467

Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pallone for Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
2006 General

Candidate Name
Pallone Frank

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: 8394070605113841680

Date of Disbursement

05 / 11 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Pete Sessions for Congress 2006

Mailing Address Post Office Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement
2006 General

Candidate Name
Sessions Pete

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 1662250605224894573

Date of Disbursement

05 / 22 / 2006

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Price for Congress

Mailing Address PO Box 425

City
Roswell

State
GA

Zip Code
30077

Purpose of Disbursement
2006 General

Candidate Name
Price Thomas

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: 5957260605036195590

Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pryce for Congress

Mailing Address 145 East Rich Street

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
2006 General

Candidate Name
Pryce Deborah

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 1971440605036178722

Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City
Springfield

State
MA

Zip Code
01108

Purpose of Disbursement
2006 Primary

Candidate Name
Neal Richard

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: 7823850605224804250

Date of Disbursement

05 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Schwarz for Congress

Mailing Address Post Office Box 2063

City State Zip Code
Battle Creek MI 49016

Purpose of Disbursement
2006 General

Candidate Name
Schwarz John

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 07

Transaction ID: 7183700605224869332

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Senate Majority Committee

Mailing Address PO Box 40177
Suite 300

City State Zip Code
Washington DC 20016

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 5188760605224922580

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Simmons for Congress

Mailing Address PO Box 268 Drawer 271

City State Zip Code
Stonington CT 06378

Purpose of Disbursement
2006 Primary

Candidate Name
Simmons Rob

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 02

Transaction ID: 0275770605036142580

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Together for Our Majority Political Action Committee (T-OMPAC)

Mailing Address PO Box 16488

City
Arlington

State
VA

Zip Code
22215

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 4482660605224915257

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

46000.00